

CHAPTER 8

QUALITY MANAGEMENT AND IMPROVEMENT

8.1 Introduction

The ADHS Office of Women's and Children's Health recognizes the need to support the development of effective quality assessment and improvement initiatives into its programs. Contractors must develop a systematic process for continuous monitoring of the quality of patient/client services. This document provides guidelines for the development and/or ongoing implementation of a continuous quality management and improvement program.

Quality management and improvement is an ongoing process to monitor and improve health services. The process is summarized in the JCAHO Ten Step Model (adaptation):

- A. Assign responsibility for activities.
- B. Delineate scope of care.
- C. Identify criteria and indicators for review.
- D. Establish thresholds for evaluation and implement.
- E. Data collection.
- F. Review actions with analysis of data and reports.
- G. Evaluate care and assess prior interventions.
- H. Cooperative planning and implementation of change (a new plan) as necessary.
- I. Assess effectiveness and document improvement.
- J. Communication-establish a feedback system for communication about trend, interventions and evaluations.

8.2 The Annual Plan

The ongoing quality management and improvement process is documented in the contractor's quality management plan. An annual quality management plan must be developed which includes three indicators of quality service delivery, two selected by Program and one selected by Contractor. The plan must be submitted annually by 7/31 and available for review at the formal site visit. Please see format example at the end of this chapter. The annual plan includes:

8.2.1 The Selected Indicator

The indicator is what is looked at to determine how well the organization is doing on an aspect of care. It is a measurable variable that relates to the

quality of services. Each indicator has its own performance or effectiveness goal and has the potential to impact the health of the patient. In recognition of the fact that both state-wide trends and local concerns must be addressed by the ongoing quality improvement process, the Office of Women's and Children's Health will identify **two indicators** per contract year that must be included in program quality management and improvement activities. Other indicators will be selected by the contractor conducting the quality improvement activities and will reflect local concerns.

8.2.2 The Goal

Performance or effectiveness goals may be selected. Performance goals identify the organization's target for the result of a process or system. Performance goals measure the compliance of the organization or its providers in relation to its processes or systems. Effectiveness goals, on the other hand, measure a change in health, patient/client performance, or patient/client satisfaction as a result of the performance of the organization or its providers. Performance goals may be drawn from a variety of sources including various regulations and standards governing health care practice, organizational policy and procedures or contractual requirements.

8.2.3 Quality Improvement Plan Level

The threshold or acceptable performance or outcome level

8.2.4 Data Source

The identified source for data is specific to the indicator. Common data sources would be patient/client charts, patient/client satisfaction surveys or routine database reports. In most cases, fairly simple methods can be devised in order to collect the data needed. Attachment B gives an example of a simple data collection form. Cost effectiveness (cost of collecting the data a certain way versus the value to your quality assessment and improvement program) and validity of data collected are important considerations. Consider data sources you may already have in place, developing new ones only where needed. Collecting data is the most expensive part of quality assessment; therefore, careful consideration must be given to two points: a) sample size and b) who collects the data. It is not necessary to collect a statistically valid sample, however, a sample size must be developed that can be reasonably used

to monitor trends. If the base population from which the sample is taken is reasonably large, a 1% sample is usually adequate. Careful consideration should be given to who collects the data. In general, clerical staff can collect information from medical records more cost effectively than professional staff.

Reports from information already entered into the computer can significantly reduce data collection costs.

8.2.5 Responsibility

The person identified to be in charge of documenting the plan, collecting the data, reporting results, developing and documenting strategies and results. Results of each contractor's performance related to quality improvement indicators are to be reported on the quarterly reports and available for scheduled formal site visits.

Quality Improvement Indicator #1 (2009-2010)

Name of Organization:

Date:

Program: Community Nursing

Responsible Person: Individual
Contractors

Description: The time period immediately following discharge from a Newborn Intensive Care Unit is extremely stressful for families. Timely follow up by a Community Health Nurse is an important factor to ensure that families receive the support they need to become competent full time caregivers for their children.

Goal: Families will be contacted within one week of receipt of discharge papers

Indicator: % of patients contacted within one week of receipt of discharge papers

QIP Level: 85%

Indicator Score:

Data Source: Contractor records
and ADHS reports

Total Referred _____

Total Contacted _____

% Contacted in one week _____

Plan for Improvement:

Target date for Resolution:

Signature:

Resolution

Review Date:

Indicator Score:

Signature:

Quality Improvement Indicator #2 (2009-2010)

Name of Organization:

Date:

Program: Community Nursing

Responsible Person:

Description: The time period immediately following discharge from a Newborn Intensive Care Unit is extremely stressful for families. Timely follow up by a Community Health Nurse is an important factor to ensure that families receive the support they need to become competent full time caregivers for their children.

Goal: Families will be visited within two weeks of receipt of discharge papers

Indicator: % of patients contacted within two weeks of receipt of discharge papers

QIP Level: 85%

Indicator Score:

Data Source: Contractor records
and ADHS reports

Total Referred _____

Total Visited in 2 weeks _____

% Visited in 2 weeks _____

Plan for Improvement:

Target date for Resolution:

Signature:

Resolution

Review Date:

Indicator Score:

Signature:

Quality Improvement Indicator #3 (2009-2010)

Name of Organization:

Date:

Program: Community Nursing

Responsible Person:

Description:

Goal:

Indicator:

QIP Level: 95%

Indicator Score:

Data Source:

Recommendations for QIP Resolution:

Target date for Resolution

Signature:

Resolution

Review Date:

Indicator Score:

Signature

Annual Plan Continuous Quality Improvement

Contractor:
Fiscal Year 2010

Mission: (describe the mission of your specific program as it relates to Community Nursing Services)

Goals: (What are your goals for improving the quality of your services during the contract year?)

Review/Planning/Implementation: (Who will participate in the review, analysis, planning and implementation of quality improvement activities at your site?)

Assessment of Effectiveness: (How will you assess your effectiveness and who will participate?)

Feedback System: (What mechanism will you use to provide feedback to your team?)

Quality Improvement Indicators:

1. Contact families within one week of hospital discharge (Required)
2. Home visit within two weeks of hospital discharge (Required)
3. Contractor selected indicator

Responsibility: (Identify the individuals that will have responsibility for developing the Annual plan, collecting data, reviewing and analyzing results, developing and implementing strategies for improvement and assessing effectiveness)

Quarterly Summary
Continuous Quality improvement

Contractor:
Quarter reporting on:

Accomplishments:

Issues/Concerns/Barriers and Possible Solutions:

Goals for the next quarter:

Date:

Program Coordinator: